

CONSOLIDATED NET WORTH ELECTION REGISTRATION APPLICATION

This application must be completed by affiliated groups and financial institution affiliated groups electing to compute the net worth base for franchise tax purposes on a consolidated basis.

CHECK BOX:						
☐ NEW ELECTION						
AMEND ELECTIC	ON TO ADD OR REMOVE	E GROUP M	IEMBERS			
REVOKE ELECTION	ON					
CHECK IF APPLIC	CATION IS FOR A FINAN	ICIAL INSTI	TUTION AFFI	LIATED GRO	DUP	
1. Effective Date of Election/Revo	ocation					
			L YEAR BEGINNIN			YR:
FEIN:	F&E Account Number:	FISCAI	L YEAR ENDING: Secretary	MO: of State Number:	DAY:	YR:
2. Legal Name of Affiliated Group						
			1			
Mailing Address - Street/Highway	Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#			
City, State, Zip			City, State, Zip:			
4. Business Phone:	Business Fax:		Business E-mail:			
5. DESCRIBE THE GROUP'S PF	 REDOMINANT BUSINESS ACTIVIT	ΓΥ, STATING THE	I MAJOR PRODUC	TS AND/OR SER\	/ICES SOLD. (AFFIL	.IATED GROUP)
LIST ALL AFFILIATED TO TENNESSEE F&E 7	O GROUP MEMBERS OF	R FINANCIA	L INSTITUTIO	ON AFFILIAT	ED GROUP M	EMBERS SUBJECT
TO TENNESSEE F&E	O GROUP MEMBERS OF TAX. EW MEMBER REVOKE MEM			ON AFFILIAT	CHECK IF EN	TITY IS A SINGLE
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RV-F1308301 (Rev. 5-07) INTERNET (5-07)

6. CHECK IF AMENDED: NEW Affiliated Group Member Name, Ma			CTIVE DATE:	CHECK IF ENTITY IS A SINGLE MEMBER LLC FILING AS A DIVISION OF THE PARENT		
Legal Name						
Mailing Address - Street/Highway			Location Address - Street/Highway - No PO Box or RR#			
City, State, Zip			City, State, Zip:			
Business Phone: Business Fax:		ss Fax:	Business E-mail:			
FEIN:		F&E Account Number:		Secretary of State Number:		
DESCRIBE THE BUSINESS ACTIVIT	Y, STATIN	I NG THE MAJOR PRODUCTS AND/OF	R SERVICES SOLD.	I		
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DESCRIBE THE BUSINESS ACTIVITY	Y, STATIN	I IG THE MAJOR PRODUCTS AND/OF	R SERVICES SOLD.	1		

LIST ALL AFFILIATED GROUP MEMBERS OR FINANCIAL INSTITUTION AFFILIATED GROUP MEMBERS NOT SUBJECT TO TENNESSEE FRANCHISE AND EXCISE TAX

7. CHECK IF AMENDED: If Affiliated Group Member Name	NEW MEMBER		FFECTIVE DATE:	CHECK IF ENTITY IS A SINGLE MEMBER LLC FILING AS A DIVISION OF THE PARENT		
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Legal Name						
Legai Name						
Mailing Address - Street/Highway			Location Address - Street/Hi	Location Address - Street/Highway - No PO Box or RR#		
City, State, Zip			City, State, Zip:	City, State, Zip:		
Business Phone: Business Fax:			Business E-mail:	Business E-mail:		
DESCRIBE THE BUSINESS ACT	I FIVITY, STATING	THE MAJOR PRODUCTS AN	D/OR SERVICES SOLD.			
_	NEW MEMBER	_	FFECTIVE DATE:	CHECK IF ENTITY IS A SINGLE MEMBER LLC FILING AS A DIVISION OF THE PARENT		
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Legal Name						
Mailing Address - Street/Highway			Location Address - Street/Hi	ghway - No PO Box or RR#		
City, State, Zip			City, State, Zip:	City, State, Zip:		
Business Phone:	Business Fax:		Business E-mail:	Business E-mail:		
DESCRIBE THE BUSINESS ACT	 TIVITY, STATING	G THE MAJOR PRODUCTS AN	D/OR SERVICES SOLD.			
7. CHECK IF AMENDED: 1 Affiliated Group Member Name	NEW MEMBER e, Mailing Addres	2	FFECTIVE DATE:	CHECK IF ENTITY IS A SINGLE MEMBER LLC FILING AS A DIVISION OF THE PARENT		
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INSTRUCTIONS CONSOLIDATED NET WORTH ELECTION REGISTRATION FORM

Tenn. Code Ann. Section 67-4-2103 provides for an election to compute the net worth measure of the franchise tax base, Schedule F, of the Tennessee franchise and excise tax return on a consolidated basis. However, if an affiliated group or financial institution affiliated group makes the election, each group member will continue to file a separate entity return. Each return must contain an X in the appropriate box on the first page of the tax return to indicate that this election has been made.

An affiliated group member includes all entities that have more than a 50% ownership, directly or indirectly, with and between "domestic persons." "Domestic persons" is defined as any person (entity) having more than 20% of its average property, payroll and receipts located in the United States. Entities that have more than a 50% ownership, directly or indirectly, in an affiliated group member are also included as affiliated group members.

The election is applicable to all tax years beginning on or after January 1, 2004. Once the election is made, the election is binding for a minimum of five years. The election should be made on or before the due date of the return for the period for which the election will take effect.

COMPLETION OF REGISTRATION APPLICATION

In the top portion of the registration application, please check the appropriate block(s) which pertain to your entity's request.

- **ITEM 1** You must indicate the "Effective Date of Election/Revocation," the fiscal year of the group, the Federal Employer Identification Number, the franchise and excise account number and the Secretary of State number.
- **ITEM 2 -** Provide the group's name and mailing address.
- ITEM 3 Provide affiliated group's location address if different than mailing address, otherwise mark "Not Applicable."
- ITEM 4 Provide the group's phone number, business fax number and e-mail address.
- ITEM 5 Describe the group's predominant business activity, stating the major products and/or services sold.
- ITEM 6 Check the appropriate block to indicate if new member or revoked member, and indicate the effective date for all group members subject to Tennessee franchise and excise taxes. If group members change throughout the year by acquisition or departure, an amended election should be filed. Please provide group member's mailing address, location address, Secretary of State number, business phone number, business fax number and email address, Federal Employer Identification Number, and franchise and excise account number. In addition, describe the individual business entity's predominant business activity stating the major products and/or services sold. If the entity is a single member LLC filling as a division of the parent, please indicate by checking the appropriate box.
- ITEM 7 Check the appropriate block to indicate if new member or revoked member and indicate the effective date for all group members not subject to Tennessee franchise and excise taxes. If group members change throughout the year by acquisition or departure, an amended election should be filed. Please provide group member's mailing address, location address, business phone number, business fax number, e-mail address, and Federal Employer Identification Number. In addition, describe the individual business entity's predominant business activity, stating the major products and/or services sold. If the entity is a single member LLC filing as a division of the parent, please indicate by checking the appropriate box.
- **ITEM 8 -** The application must be signed by the owner, partner or officer. Do not use a signature stamp.